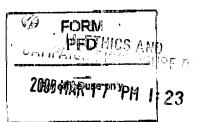
Mail to: IECDB

510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073





## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

	Personal Financial Disclosure Statement
Name: Jonnifer H. Ven	ncer Please type or print legibly
	Please type or print legibly
Agency or department:	Department of Human Services
Position held:Iowa N	Aedicaid Director
Statewide office sought	(non-incumbent candidates only): 1/4
This statement is for Ca	equired to cover the calendar year preceding the year the report is due.
General instructions: Co	mplete each of Parts A, B, and C.below. Attach additional pages if necessary.
G-00-00-00-00-00-00-00-00-00-00-00-00-00	•
o + * * * * *  Part A. Rusiness. (	Decumation, or Profession. By position or job title, list each business.
Part A. Business, Coccupation, or professioname and nature of each	Decupation, or Profession. By position or job title, list each business, on in which you were engaged during the previous calendar year, including the h business or employer. If you were not employed by anyone other that the tion held above check here.
Part A. Business, Coccupation, or profession name and nature of eac agency and for the positions.	Decupation, or Profession. By position or job title, list each business, in in which you were engaged during the previous calendar year, including the housiness or employer. If you were not employed by anyone other than the
Part A. Business, Coccupation, or professioname and nature of eac agency and for the position.  2.	Decupation, or Profession. By position or job title, list each business, on in which you were engaged during the previous calendar year, including the h business or employer. If you were not employed by anyone other that the tion held above check here.
Part A. Business, Coccupation, or professioname and nature of each agency and for the position.  Part B. Income so you received more that or value of the holding received jointly with on species or other family.	Decupation, or Profession. By position or job title, list each business, on in which you were engaged during the previous calendar year, including the h business or employer. If you were not employed by anyone other than the tion held above check here.
Part A. Business, Coccupation, or profession name and nature of each agency and for the position.  Part B. Income so you received more that or value of the holding received jointly with on spouse or other family federal or state income here.	Decupation, or Profession. By position or job title, list each business, on in which you were engaged during the previous calendar year, including the housiness or employer. If you were not employed by anyone other than the tion held above check here.

2. Instruments of Financial Institutions. List the institutions from which you received annual grant of the control of the con	ross
income such as certificates of deposit or savings accounts.	Rese
1. WestBank checking and sevings account interest	411 Fr. 1984
2,	
3. Trusts. State the nature or type of the trusts.	
l. Trust account at WestBank - net investment loss, no income চেকেন্দ্র'	
2	<del></del>
4. Real Estate. List the nature of real estate interests including an interest from which income waderived from the selling of property. Do not list the location, address, or legal description	ıs
I. Part owner in a C-type-corporation that owns two rental properties rental income used for property expenses. No personal income a rec	elved.
2.	
3	,
5. Retirement Systems. List the name of the employer/sponsor of any retirement benefit system	ĺ.
1.	
2	(1.11)
<ul> <li>6. Sales to political subdivisions. List any sales of a good or service to a political subdivisior of state if a commission from the sale was received.</li> <li>1</li></ul>	the 
2.	HERSTIN PROPERTY.
3.	
7. Other. List other sources of annual gross income not reported above that were reported for tax purposes.	
1.	
2.	
Part C. Certified Signature.	
I certify that this statement is true and accurate to the best of my knowledge. I understand I am subject to potential civil and criminal penalties for failing to file an accurate statement or for fat to file this statement by the required due date.	
(Signature of person filing statement) (Date)	